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A FEW POINTS OF ETHICS

By ANNIE H. ROSS

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DURING the past winter a noted physician and very learned man, in lecturing to a number of nurses in Philadelphia,* among others introduced the question as to whether nursing was a profession, and if nurses were ready to adopt and adhere to a code of ethics. It is not my purpose to discuss the statements of a man who, on the whole, dealt so kindly with us, except in so far as they indicate the point of view of the medical profession in general.

When our code is finally evolved there can be little doubt of our ability to maintain it, when for so long we have lived up to our watchword, "faithful to the doctor."

In the address above mentioned an instance was quoted where a nurse had been remiss in her duty to another nurse. The proverbial other side might in justice be mentioned; but, admitting a fault, 'tis true we are not far on the road to perfection; but is this not equally true of the medical profession—a profession years older? Are doctors more faithful to each other? I leave the answer to that large body of men which has done so much for us, and for which we have tried to do our duty.

A doctor may treat a fellow-practitioner and require no fee; a nurse attends another nurse, therefore should the same code apply in both professions? The difficulty is in the point of view. The cases are not analogous. The doctor gives at the most but a few hours of his time; but a nurse must give her whole time, and that for days or weeks. How many of the most successful can afford to do this? Besides, does the necessity exist, when in almost every community of nurses, for a trifling sum annually, provision can be made to have hospital care in times of sickness?

There is one other point on which the two professions are at variance—the question of fees. Among general practitioners especially we are apt to hear that we overcharge. We may easily get their point of view, if we remember that with a family practice they are more familiar than we with the exigencies of the case, and naturally sympathize with the individual. This does not, however, lower their own fees. True, they wait for their receipts, but, besides, they retain the practice, while the nurse will have but a few weeks each year. If a doctor expects from three to five dollars for a call not exceeding an hour, can he expect a

* Dr. Mitchell's address, published in the August number.

nurse to take less than three dollars for twenty-four hours? For, discuss it as you will, the majority of private nurses are on duty sixteen hours a day, and are held just as responsible for the other eight.

True, the doctor has a somewhat longer and more expensive preparation; but a nurse has almost as long preparation, and in the end sacrifices her time, her personality, and her health to the individual, rather than to the profession.

The great difficulty about private nursing is that there is literally no future. To be a success you must begin by being a good nurse, and the best to hope for is to be a good nurse in the end. This point our learned friend overlooked. A nurse in her first year may not be more than average, since one drawback to hospital training for private duty is that we invariably need to forget at least one-third of our hospital knowledge, and begin over again. Even thus hampered it is scarcely fair to compare us with the doctor in his first year of practice, for even if he has had hospital experience, he has about as much to forget as we, and a good deal more to learn. He must apply a theoretical knowledge, diagnose, prescribe; while we exercise a vigilance and obedience to which we have been trained, and an endurance which is not novel. A doctor begins to reach his best after, say, ten years of practice. It is a common saying with us that a good nurse may last ten years, a poor one fifteen. Our profession takes too much,—one's life as well as one's skill,—else why do we hear of three- and four-year graduates seeking hospital positions as a rest from private duty.

Theorize and idealize as we please from our own or another's point of view, as an actual fact in the end we are valued at our own estimate. The argument is like this: if a nurse charges a reasonably high fee, she must get it, and, getting it, must be worth it. As a matter of fact, few doctors ask whether a nurse is a one- or ten-year graduate, if she still combines vigilance and obedience with an attractive personality.

